

**Elder
Justice**

APS TARC

NAMRS

NCEA

NCLER

NORC

NRCWRP

PHA



NCEA
&
COVID-
19

Search

Statistics and Data

Home

**About
Us**

**What
We Do**

Resources

**NCEA
Blog**

**Contact
Us**

**Make a
Difference**

**Suspect
Abuse**

FAQ

Research Review

Future Directions

Research Briefs

Research Database

Research to Practice

Statistics and Data

Experts have reported that knowledge about elder abuse lags as much as two decades behind the fields of child abuse and domestic violence. The need for more research is urgent and it is an area that calls out for a coordinated, systematic approach that includes policy-makers, researchers and **Safe Exit** of older

adults in the U.S. and provides the following data about elder abuse: challenges in elder abuse research, research definitions, incidence and prevalence, risk factors, perpetrators, adults with disabilities, adults with dementia, residents of long-term care settings, general impact, and interventions. The statistics and data presented on this page are based on a variety of references including peer-reviewed publications from high-ranking journals. These sources were selected with guidance from the NCEA Research Advisory Group, a multidisciplinary group of research experts.

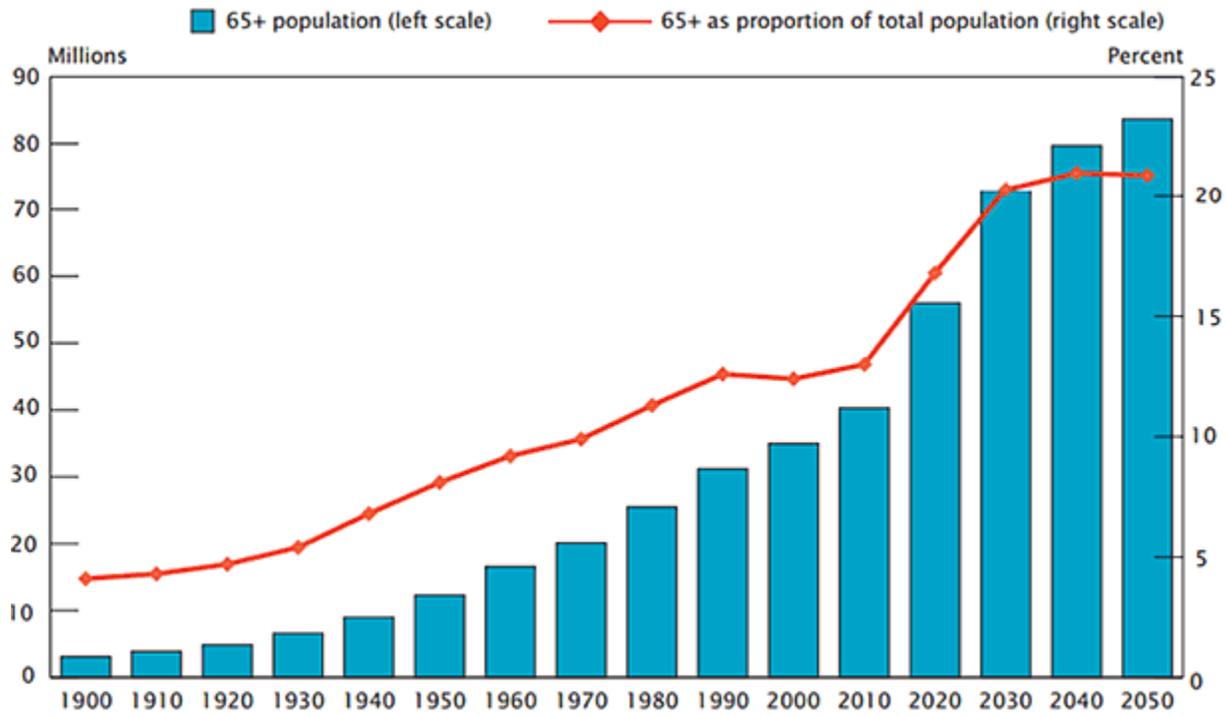


When reviewing this page, keep in mind that the findings referenced come from a variety of research methods, with varying operational definitions and based in various geographic settings. Therefore, caution should be taken when attempting to generalize the data presented here. This page refers to elder abuse in a general sense, incorporating all recognized forms of abuse. Researchers concur that elder abuse is an epidemic that necessitates collaborative interventions.

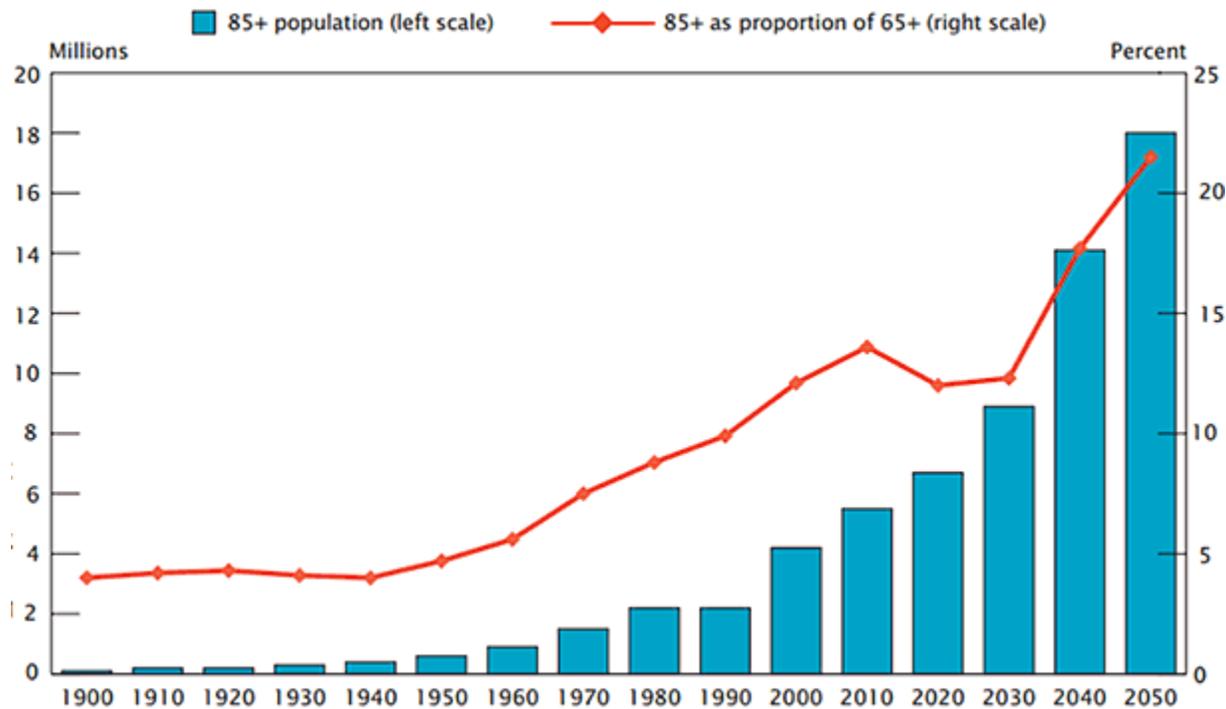
- [America's Growing Elderly Population](#)
- [Challenges in Elder Abuse Research](#)
- [How is Elder Abuse Defined for Research Purposes?](#)
- [What is Known about the Incidence and Prevalence of Elder Abuse in the Community Setting?](#)
- [What are the Risk Factors?](#)
- [Who are the Perpetrators?](#)
- [Abuse of Adults with Disabilities](#)
- [Abuse of Adults with Dementia](#)
- [Abuse in Nursing Homes and other Long-Term Care Facilities](#)
- [What is the Impact of Elder Abuse?](#)
- [What Types of Interventions Have Been Identified?](#)

America's Growing Elderly Population

Population Aged 65 and Over: 1900 to 2050



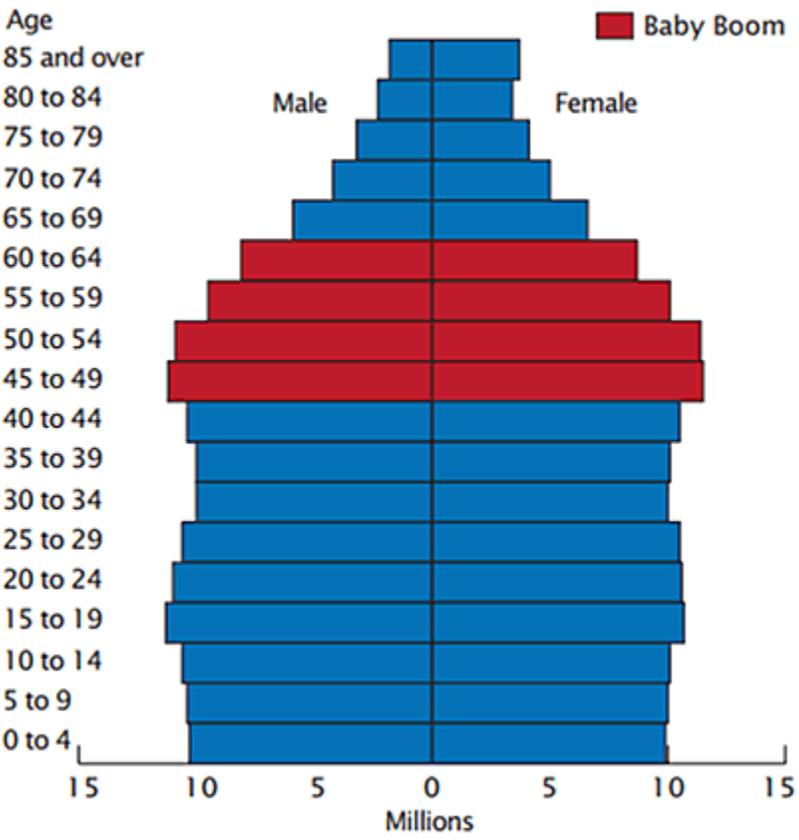
Population Aged 85 and Over: 1900 to 2050



Sources (for the two charts, above): 1900 to 1940, and 1960 to 1980, U.S. Bureau of the Census, 1983; 1950, U

U.S. Census Bureau, 2001; 2010, U.S. Census Bureau, 2011; 2020 to 2050, U.S. Census Bureau, 2012a; 1900 to 2010, decennial census; 2020 to 2050, *2012 National Population Projections*, Middle series.

Population by Age and Sex: 2010



Find [information on confidentiality protection, nonsampling error, and definitions \(PDF\)](#) for the three charts above.

In the United States, the 2010 Census recorded the greatest number and proportion of people age 65 and older in all of decennial census history: 40.3 million, or 13% of the total population. This “Boomer Generation” effect will continue for decades.² Between 2012 and 2050, the United States will experience considerable growth in its older population. In 2050, the population aged 65 and over is projected to be 83.7 million, almost double its estimated population of 43.1 million in 2012.³ The number of people in the oldest old age group, which refers to those aged 85 and over, is projected to grow from 5.9 million in 2012 to 8.9 million in 2030. In 2050, this group is projected to reach 18 million.³

Older women outnumber older men. In 2010, there were 89 men per 100 women among those aged 65 to 69

women outnumbered men by 0.7 million among those aged 65 to 69, by 1.0 million among those aged 75 to 79, and by 1.9 million among those aged 85 and over.⁴

Challenges in Elder Abuse Research

Conducting research on elder abuse poses numerous challenges. Researchers in the field generally encounter the following challenges on a consistent basis:

- **Definitions:** Determining which definition of elder abuse to use in your own research is a complex process as there is no single definition used nationwide or across disciplines. When considering which definition to utilize, researchers must determine which types of abuse to include in their definition, how they are defining “elder”, and how to operationalize their selected definition. There is a need to develop comprehensive, consistent definitions of elder abuse to be used in various contexts such as research, law, critical care, and services.¹ See the “How is Elder Abuse Defined for Research Purposes” section for more information.
- **Ethical dilemmas:** Elder abuse research includes older persons with various mental, physical, and social needs and involves collecting information that could have negative legal, financial, and social consequences for the older persons and caregivers being studied.⁵ Studying elder abuse also raises ethical dilemmas such as how to manage confidentiality when abuses are detected during data collection.⁶
- **Institutional Review Boards (IRBs):** IRBs are not as familiar with elder abuse research, which can make the IRB approval process time consuming. Elder abuse research also tends to involve multiple agencies with multiple IRBs, each with its own set of rules. Additionally, there are no federal regulations governing research involving older persons, persons with impaired decision making capacity, or residents of nursing homes and other institutions. Various individuals and groups have, however, made recommendations addressing ethical issues with particular relevance to these populations.⁵
- **Standards and methods:** Standards and data collection methods used by various entities (such as surveyors, adult protective services, long-term care ombudsman, and others) are variable. Researchers should assist in developing the parameters and methods used to build an evidence base designed to collect accurate data and show the impact of effective practices.¹
- **Identifying which type of elder abuse is most common:** Various studies come to different conclusions about the most common type of elder abuse. There are several reasons for this, including the use of different operational definitions, administrative data, samples, or methods used among elder abuse prevalence studies. It is also widely acknowledged by researchers that an elder abuse victim may experience multiple forms of abuse at the same time, which makes it difficult to measure each type individually. Studies that exemplify the variety of findings on this topic are referenced below:

- A national study conducted by Acierno and colleagues found financial mistreatment to be the most commonly reported form of abuse, followed by potential neglect, emotional mistreatment, physical mistreatment, and last sexual mistreatment.⁷
- A New York study found that major financial exploitation was self-reported at a rate of 41 per 1,000 surveyed, which was higher than self-reported rates of emotional, physical, and sexual abuse or neglect.⁸
- Burnes and colleagues found emotional abuse to be the most prevalent followed closely by physical abuse and neglect.⁹
- Friedman and colleagues found neglect to be the most common, followed by psychological abuse, and lastly financial exploitation.¹⁰
- Laumann et al. found verbal mistreatment to be the most common, followed by financial mistreatment, and lastly physical mistreatment.¹¹
- **Research translation:** There is a need to develop effective strategies to translate and disseminate information learned through research projects to the field, and translate questions faced by practitioners to researchers for study.¹
- **Measuring successful outcomes:** An ongoing impediment to effective interventions is that the elder justice field lacks a definition of what constitutes successful outcomes. There is no benchmark against which to measure the success of various efforts. A critical research priority is to define what constitutes successful outcomes in elder abuse interventions and prevention efforts.¹
- **Lack of researchers:** The dearth of academic researchers studying elder abuse issues impedes knowledge development in the field. As a result, there are few data to inform and guide practitioners, policy-makers, and trainers.¹

How is Elder Abuse Defined for Research Purposes?

Although there is no universally accepted definition of elder abuse at this time, the NCEA recognizes that each existing definition has its own merit and value. However, longstanding divergences in the definitions and data elements used to collect information on elder abuse make it difficult to measure elder abuse nationally, compare the problem across states, counties, and cities, and establish trends and patterns in the occurrence and experience of elder abuse.¹²

Elder Justice Roadmap Definition: The Elder Justice Roadmap report uses the following definition of elder abuse: “physical, sexual, or psychological abuse, as well as neglect, abandonments, and financial exploitation of an older person by another person or entity, that occurs in any setting (e.g. home, community, or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability.” This definition was built on from numerous existing definitions, including: those found in laws (such as the federal Elder Justice Act, Older Americans Act, and Violence Against Women Act, various states’ laws, and others), and those developed by various entities such as the National Academy

of Sciences, the Administration on Aging, the Centers for Disease Control and Prevention, and the New York City Elder Abuse Center.¹

National Academy of Sciences Panel Definition: Definitions of elder mistreatment vary widely. However, the National Academy of Sciences panel has reached greater consensus on a definition that defines elder abuse as “intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder. This includes failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm.”¹³ This definition encompasses two key ideas: that the old person has suffered injury, deprivation, or unnecessary danger, and that a specific other individual (or individuals) is responsible for causing or failing to prevent it. It is also quite consistent with consensus definitions developed by international groups.¹⁴

Judicial System: The Center for Elders and the Courts states that elder abuse is generally defined to include abuse (physical, sexual, or emotional), financial exploitation, neglect, abandonment, and self-neglect. Every state has an adult protective services law with definitions and may have other relevant civil or criminal laws. Definitions vary from law to law and state to state. Some states specifically criminalize “elder abuse.” In every state, acts constituting elder abuse may violate criminal laws (e.g., murder, sexual assault, battery, theft, fraud). Some state laws enhance penalties based on age or vulnerability status of the victim.¹⁵

New CDC Uniform Definitions: Definitions of elder abuse continue to evolve. The Centers for Disease Control and Prevention (CDC) and a diverse group of elder abuse experts collaboratively produced version 1.0 of uniform definitions and recommended core data elements for possible use in standardizing the collection of elder abuse data locally and nationally. This report defines elder abuse as an “intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a serious risk of harm to an older adult.”¹² The [CDC report \(PDF\)](#) was released in early 2016.

What is Known about the Incidence and Prevalence of Elder Abuse in the Community Setting?

Unfortunately, we simply do not know for certain how many people are suffering from elder abuse and neglect. Signs of elder abuse may be missed by professionals working with older Americans because of lack of awareness and adequate training on detecting abuse. The elderly may be reluctant to report abuse themselves because of fear of retaliation, lack of physical and/or cognitive ability to report, or because they do not want to get the abuser in trouble.

Prevalence

Below is a sampling of findings that show what is known about the incidence and prevalence of elder abuse and neglect. Keep in mind that the studies referenced employ a variety of research methods and operational definitions and are based in various geographic areas across the United States.

- A comprehensive review article found the prevalence of elder abuse to be approximately 10% including physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, and neglect.¹⁴
- In a study on elder abuse by family members in which data was collected by elder abuse type, Laumann and colleagues found that respondents most frequently reported verbal mistreatment (9%), followed by financial mistreatment (3.5%) and lastly physical mistreatment (less than 1%).¹¹
- A groundbreaking study based in New York estimated that 260,000 (1 in 13) older adults in the state of New York had been victims of at least one form of elder abuse in the preceding year. This study found that major financial exploitation was self-reported at a rate of 41 per 1,000 surveyed, which was higher than self-reported rates of emotional, physical, and sexual abuse or neglect.⁸
- Available data from state Adult Protective Services (APS) agencies show an increasing trend in the reporting of elder abuse.¹⁶
- Elder abuse is also underreported. The New York State Elder Abuse Prevalence Study found that for every case known to programs and agencies, 24 were unknown.⁸

What are the Risk Factors?

Several studies have investigated what particular factors might make someone more at risk of becoming a victim of elder abuse. Some key findings in this area are as follows.

- Low social support has been found to significantly increase the risk of virtually all forms of mistreatment.^{6,13}
- Dementia is also a risk factor. A 2009 study revealed that close to 50% of people with dementia experience some kind of abuse.¹⁶
- Experience of previous traumatic events—including interpersonal and domestic violence—has been found to increase the risk for emotional, sexual, and financial mistreatment.⁷
- Functional impairment and poor physical health are associated with greater risk of abuse among older persons.^{10,14}
- Women appear to be more likely to be abused than men.¹¹
- Younger age may be associated with greater risk of abuse. Laumann and colleagues found that adults in their late 50s and 60s are more likely to report verbal mistreatment or financial mistreatment than older adults.¹¹ Acierno and colleagues also found that young-old respondents (aged < 70 years) were more likely than respondents in the old-old group to fall victim to

difference may be attributable to the absence of institutionalized older adults or their representatives in their sample.⁷

- Living with a large number of household members other than a spouse is associated with an increased risk of abuse, especially financial abuse.¹⁸
- Lower income or poverty has been found to be associated with elder abuse. Low economic resources have been conceptualized as a contextual or situational stressor contributing to elder abuse.¹⁰
- The following factors have been found to be associated with financial exploitation of older adults.¹⁸
 - Non-use of social services
 - Need for ADL assistance
 - Poor self-rated health
 - No spouse/partner
 - African-American race
 - Lower age

Who are the Perpetrators?

Perpetrators are most likely to be adult children or spouses, more likely to be male, to have history of past or current substance abuse, to have mental or physical health problems, to have history of trouble with the police, to be socially isolated, to be unemployed or have financial problems, and to be experiencing major stress.¹⁴

In a study of 4,156 older adults, family members were the most common perpetrators of financial exploitation of older adults (FEOA) (57.9%), followed by friends and neighbors (16.9%), followed by home care aides (14.9%).¹⁸

In a sample of 5,777 older adults 60 or above, when comparing across types of mistreatment, a higher proportion of perpetrators of physical mistreatment (compared to emotional and sexual mistreatment) had problems with police, received psychological treatment, were using substances at the time of the incident, lived with the victim, and were related to the victim.¹⁹

A study that reviewed newsfeed articles collected daily by the National Association of Adult Protective Services (NAPSA) through an initiative funded by the National Center on Elder Abuse found that instances of fraud perpetrated by strangers comprised 51% of news articles related to elder financial abuse, followed by family, friends, and neighbors (34%), the business sector (12%), and Medicare and Medicaid fraud (4%). Nearly 60% of perpetrators were men, mostly between the ages of 30 and 59. The newsfeed tracked media reports of all types of elder abuse through Google and Yahoo Alerts over a three-month period.²⁰

In the year 2014, an estimated 35.9% (16,135,600) of non-institutionalized adults ages 65+ in the United States and an estimated 10.5% (20,549,100) of non-institutionalized adults ages 18–64 reported a disability.²¹ Unfortunately, some of these older adults are abused by family members, service providers, care assistants and others. This abuse places the victim's health, safety, emotional wellbeing, and ability to engage in daily life activities at risk.

Below is a sampling of research findings relating to abuse of adults with disabilities:

- Institutionalized adult women with disabilities reported a 33% prevalence of having ever experienced interpersonal violence (IPV) versus 21% for institutionalized adult women without disabilities.²²
- In a study of 342 adult men, 55% of men experienced physical abuse by any person after becoming disabled. Nearly 12% of these men stated they experienced physical abuse by a personal assistance service provider over their lifetime.²³
- In a comprehensive review of literature published from 2000–2010, lifetime prevalence of any type of IPV against adult women with disabilities was found to be 26–90%. Lifetime prevalence of IPV against adult men with disabilities was found to be 28.7–86.7%. It was concluded that, over the course of their lives, IPV occurs at disproportionate and elevated rates among men and women with disabilities.²⁴

Read the [NCEA research brief on abuse of adults with a disability \(PDF\)](#), or visit [Research Briefs](#) for more information.

Abuse of Adults with Dementia

Research indicates that people with dementia are at greater risk of elder abuse than those without.^{25,26} Approximately 5.1 million American elders over 65 have some kind of dementia. Close to half of all people over 85, the fastest growing segment of our population, have Alzheimer's disease or another kind of dementia. By 2025, most states are expected to see an increase in Alzheimer prevalence.²⁷

People with dementia can be more susceptible to abuse because of impairments in memory, communication abilities, and judgment. Prevalence estimates are influenced, and possibly underestimated, by the fact that many people with dementia are unable, frightened, or embarrassed to report abuse.²⁸ Additionally, several studies have confirmed that as dementia progresses, so does the risk of all types of abuse.²⁵ Research on elder abuse of people with dementia is inherently difficult. Abuse among this population is a hidden offence, perpetrated against people with memory impairment, by those on whom they depend. Prevalence estimates are influenced, and possibly underestimated, by the fact that many people with dementia are unable, frightened or embarrassed to report its presence.²⁹ Below are several findings on elder abuse of people

- Prevalence rates for abuse and neglect in people with dementia vary from study to study, ranging from 27.5% to 55%.³⁰
 - A 2010 study found that 47% of participants with dementia had been mistreated by their caregivers. Of them, 88.5% experienced psychological abuse, 19.7% experienced physical abuse, and 29.5% experienced neglect.³¹
 - A 2009 study revealed that close to 50% of people with dementia experience some kind of abuse.¹⁷
 - A 2009 study based in the UK found that 52% of caregivers reported some abusive behavior towards family members with dementia.²⁹

Read the [NCEA research brief on abuse of adults with dementia \(PDF\)](#), or visit [Research Briefs](#) for more information.

Abuse in Nursing Homes and other Long-Term Care Facilities

Elder abuse occurs in community settings, such as private homes, as well as institutional settings like nursing homes and other types of long term care facilities. In 2014, the number of nursing home residents was approximately 1.4 million and the number of residents in residential care communities was 835,200.³² Concern about elder abuse in nursing homes first came to widespread public attention in the 1970s, when facilities were relatively unregulated and had little oversight.¹⁴ Below is a sampling of research findings relating to abuse in long term care facilities:

- According to the National Ombudsman Reporting System (NORS) data, within the year 2014, 14,258 (7.6%) of approximately 188,599 complaints reported to Ombudsman programs involved abuse, gross neglect, or exploitation.³³
- A May, 2008 study conducted by the U.S. General Accountability Office revealed that state surveys understate problems in licensed facilities: 70% of state surveys miss at least one deficiency and 15% of surveys miss actual harm and immediate jeopardy of a nursing home resident.³⁴
- Abuse of older residents by other residents in long-term care facilities is now recognized as a problem that is more common than physical abuse by staff.^{14,35} However, more research is still needed.

Read the [NCEA research brief on abuse of residents of long term care facilities \(PDF\)](#), or visit [Research Briefs](#) for more information.

What is the Impact of Elder Abuse?

Elder Abuse has multitude of negative impacts on both the micro and macro levels including physical, psychological, financial, social, hospitalizations & disability, medical, and others.

Safe Exit

Physical

- The most commonly documented physical impacts of elder abuse include: welts, wounds, and injuries (bruises, lacerations, dental problems, head injuries, broken bones, pressure sores); persistent physical pain and soreness; nutrition and hydration issues; sleep disturbances; increased susceptibility to new illnesses (including sexually transmitted diseases); exacerbation of pre-existing health conditions; and increased risks for premature death.[36](#),[37](#),[38](#)
- Elders who experienced abuse, even modest abuse, had a 300% higher risk of death when compared to those who had not been abused.[38](#)

Psychological

- Established psychological impacts include levels of psychological distress, emotional symptoms, and depression higher than those observed among elders who have not experienced these exposures.[39](#),[40](#)
- One study of older women found that verbal abuse only leads to greater declines in mental health than physical abuse only.[40](#)

Financial

- Financial exploitation causes large economic losses for businesses, families, elders, and government programs, and increases reliance on federal health care programs such as Medicaid.[1](#)
- Research indicates that those with cognitive incapacities suffer 100% greater economic losses than those without such incapacities.[41](#)
- Financial abuse by itself costs older Americans over \$2.6 billion dollars annually.[42](#)

Social

Social consequences may vary from increased social isolation (due to self-withdrawal or perpetrator imposition) to decreased social resources (social identities, supports, roles in key networks) and increased expenditures on services to compensate for resources lost through exploitation and to identify and rehabilitate elder abuse victims.[36](#)

Hospitalizations & Disability

- Victims of elder abuse are three times more likely to be admitted to a hospital.[43](#)
- Elder abuse is predictive of later disability among persons who initially displayed no disability and is associated with increased rates of emergency department utilization, increased risks for hospitalization and increased risk for mortality [44](#)

Medical Costs

- The direct medical costs of injuries are estimated to contribute more than \$5.3 billion to the nation's annual health expenditures.⁴⁵
- Most adverse events in nursing homes—due largely to inadequate treatment, care and understaffing—lead to preventable harm and \$2.8 billion per year in Medicare hospital costs alone (excluding additional—and substantial—Medicaid costs caused by the same events).⁴⁶

Other Impacts

- Other societal costs may include expenses associated with the prosecution, punishment, and rehabilitation of elder abuse perpetrators. Estimates of such expenses are not currently available.⁴
- Elder abuse causes victims to be more dependent on caregivers. As a result of providing care, caregivers experience declines in their own physical and mental health and their financial security suffers.⁴⁷

What Types of Interventions Have Been Identified?

Research on elder abuse interventions is a growing area. Below are some examples of interventions both in the community and among professionals that have been identified in academic literature.

Interventions in the Community

- **Social Support:** Social support has been acknowledged as a potentially beneficial intervention. Efforts to enhance social support of older adults will have the dual benefit of building mental health resilience in response to extreme stressors and lowering the risk of interpersonal violence against the senior members of our society.⁵ One example of a social support intervention is as follows:
 - A community-based elder abuse intervention program called “Eliciting Change in At-Risk Elders” assists suspected victims of elder abuse and self-neglect through a partnership with local law enforcement had favorable outcomes. This program involves building alliances with the elder and family members, connecting the elder to supportive services that reduce risk of further abuse, and utilizing motivational interviewing-type skills to help elders overcome ambivalence regarding making difficult life changes. Risk factors of elder abuse decreased over the course of the intervention and nearly three-quarters of participants made progress on their treatment goal. The project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering.⁴⁸

Safe Exit

- **Education:** Education on elder abuse is another important way to intervene at the community level. Altering attitudes toward elder abuse may impact a persons' behavior toward older adults. The following example illustrates a way in which to provide elder abuse education, particularly to young adults.
 - Hayslip and colleagues (2015) examined the effectiveness of educational interventions in altering tolerance for and behavioral intentions of elder abuse among college student young adults. Findings suggested that while specific interventions may reduce elder abuse tolerance, supplemental educational efforts over time may be necessary to maintain intervention-specific gains in intentions and behaviors particular to elder abuse.⁴⁹

Professional Interventions

- **Multidisciplinary Teams:** Given the complex nature of elder abuse, inter-professional teams, also referred to as multidisciplinary teams consisting of physicians, social workers, law-enforcement personnel, attorneys, and other community participants working together in a coordinated fashion, have been identified as a possibly successful intervention as no single discipline or sector alone has the resources or expertise needed to address the issue.^{1,14,36}
- **APS Guidelines:** Interventions are also developing in reporting and data collection of elder abuse incidents. Adult Protective Services (APS) systems play a critical role in addressing the abuse, neglect, self-neglect, and financial exploitation of adults. Historically, there has been no federal "home" for APS nor a designated federal appropriation for this critically important service. Instead, states and local agencies have developed a wide variety of APS practices, resulting in significant variations between and sometimes within states. In an effort to support Adult Protective Service Agencies and enhance elder abuse response, the Administration on Community Living (ACL) has been developing guidelines intended to assist states in developing efficient and effective APS systems. The NCEA will release more information on this initiative as progress and follow-up research develops.⁵⁰

Footnotes

1. U.S. Department of Justice, Department of Health and Human Services, Connolly, M.T., Brandl, B., & Breckman, R. (2014). *The Elder Justice Roadmap: A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis*. Retrieved from [The Elder Justice Road Map \(PDF\)](#).
2. U.S. Dept. of Commerce, U.S. Census Bureau. (2011). [The Older Population: 2010 \(PDF\)](#).
3. U.S. Dept. of Commerce, U.S. Census Bureau. (2014). [An Aging Nation: The Older Population in the United States \(PDF\)](#)

4. U.S. Dept. of Health and Human Services, U.S. Dept. of Commerce, U.S. Census Bureau. (2014). [65+ in the United States: 2010 \(PDF\)](#).
5. Dresser, R. (2003). Ethical and policy issues in research on elder abuse and neglect. In: National Research Council (US) Panel to Review Risk and Prevalence of Elder Abuse and Neglect; In Bonnie, R.J. Editor & Wallace, R.B. Editor (Eds.), *Elder mistreatment: abuse, neglect, and exploitation in an aging America* (303–339). Washington (DC): National Academies Press.
6. Cooper, C & Livingston, G. (2016). Intervening to reduce elder abuse: challenges for research. *Age and Ageing* 45 (2), 184–185. doi: 10.1093/ageing/afw00
7. Acierno R., Hernandez, M.A., Amstadter A.B., Resnick H.S., Steve K., Muzzy W., & Kilpatrick D.G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the united states: the national elder mistreatment study. *American Journal of Public Health* 100(2), 292–297. doi: 10.2105/AJPH.2009.163089
8. Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, & New York City Department for the Aging. (2011). [Under the Radar: New York State Elder Abuse Prevalence Study \(PDF\)](#).
9. Burnes, D., Pillemer, K., Caccamise, P., Mason, A., Henderson, C., Berman, J., Cook, A., Shukoff, D., Brownell, P., Powell, P., Salamone, A., & Lachs, M. (2015). Prevalence of and risk factors for elder abuse and neglect in the community: a population-based study. *Journal of the American Geriatrics Society* 63(9), 1906–12. doi: 10.1111/jgs.13601
10. Friedman, B., Santos, E.J., Liebel, D.V., Russ, A.J., & Conwell, Y. (2015). Longitudinal prevalence and correlates of elder mistreatment among older adults receiving home visiting nursing. *Journal of Elder Abuse and Neglect* 27(1), 34–64. doi: 10.1080/08946566.2014.946193
11. Laumann, E., Leitsch, S., & Waite, L. (2008). [Elder mistreatment in the United States: prevalence estimates from a nationally representative study](#). *The Journals of Gerontology Series B, Psychological Sciences and Social Sciences*, 63(4), S248–S254.
12. Centers for Disease Control, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). [Elder Abuse Surveillance: Uniform definitions and recommended core data elements](#).
13. National Academies of Sciences, Bonnie, R.J., & Wallace, R.B. (Eds.). (2002). *Elder abuse: abuse, neglect, and exploitation in an aging America*. Washington DC: National Academy Press.
14. Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373, 1947–56. doi: 10.1056/NEJMra1404688
15. Center for

16. Quinn, K., & Benson, W. (2012). [The states' elder abuse victim services: a system in search of support](#). *Generations* 36(3), 66–71.
17. Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, R., & Livingston, G. (2009). [Abuse of people with dementia by family carers: representative cross sectional survey](#). *British Medical Journal*, 338, b155.
18. Peterson, J., Burnes, D., Caccamise, P., Mason, A., Henderson, C., Wells, M., & Lachs, M. (2014). Financial exploitation of older adults: a population-based prevalence study. *Journal of General Internal Medicine*, 29(12), 1615–23. doi: 10.1007/s11606-014-2946-2
19. Amstadter, A., Cisler, J., McCauley, J., Hernandez, M., Muzzy, W., & Acierno, R. (2011). Do incident and perpetrator characteristics of elder mistreatment differ by gender of the victim? results from the national elder mistreatment study. *Journal of Elder Abuse & Neglect*, 23, 43–57. doi: 10.1080/08946566.2011.534707
20. Metlife Mature Market Institute. (2011). [The MetLife Study of Elder Financial Abuse: Crimes of Occasion, Desperation, and Predation Against America's Elders \(PDF\)](#).
21. Cornell University (2014). [Disability Statistics](#).
22. Barrett, K. A., O'Day, B., Roche, A., & Carlson, B. L. (2009). Intimate partner violence, health status, and health care access among women with disabilities. *Women's Health Issues*, 19(2), 94–100. doi: 10.1016/j.whi.2008.10.005
23. Powers, L., Saxton, M., Curry, M. Powers, J., Mc-Neff, E. & Oschwald, M. (2008). [End the silence: A survey of abuse against men with disabilities](#). *Journal of Rehabilitation*, 74(4), 41–53.
24. Hughes, R., Lund, E., Gabrielli, J., Powers, L., & Curry, M. (2011). Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56(4), 302–319. doi: 10.1037/a0025620
25. Cooney, C., Howard, R., & Lawlor, B. (2006) [Abuse of vulnerable people with dementia by their carers: Can we identify those most at risk?](#) *International Journal of Geriatric Psychiatry*, 21(6), 564–571.
26. Vande Weerd, C., & Paveza, G. (2006) [Verbal mistreatment in older adults: A look at persons with Alzheimer's disease and their caregivers in the state of Florida](#). *Journal of Elder Abuse & Neglect*, 17(4), 11–30.
27. Alzheimer's Association. (2009). [Alzheimer's Disease Facts and Figures \(PDF\)](#).
28. Cooper, C., & Livingston, G. (2014). Mental health/psychiatric issues in elder abuse and neglect. *Clini*

29. Selwood, A & Cooper, C. (2009). Abuse of people with dementia. *Reviews in Clinical Gerontology*, 19, 35–43. doi: 10.1017/S095925980999013X
30. Tronetti, P. (2014). Evaluating abuse in the patient with dementia. *Clinics in Geriatric Medicine* 30(4), 825–38. doi: 10.1016/j.cger.2014.08.010
31. Wiglesworth, A., Mosqueda, L., Mulnard, R., Liao, S., Gibbs, L., & Fitzgerald, W. (2010). Screening for abuse and neglect of people with dementia. *Journal of the American Geriatrics Society*, 58(3), 493–500. doi: 10.1111/j.1532-5415.2010.02737.x
32. National Center for Health Statistics. (2014). [Nursing Home Care](#); National Center for Health Statistics (2014). [Residential Care Communities](#).
33. Administration for Community Living Aging Integrated Database. [National Ombudsman Reporting System \(NORS\)](#).
34. U.S. Government Accounting Office. (2008). [Nursing Homes: Federal Monitoring Surveys Demonstrate Continued Understatement of Serious Care Problems and CMS Oversight Weaknesses](#).
35. Rosen, T., Lachs, M., Teresi, J., Eimicke, J., Van Haitsma, K., Pillemer, K. (April 2015). Staff-reported strategies for prevention and management of resident-to-resident elder mistreatment in long-term care facilities. *Journal of Elder Abuse and Neglect*, 28(1), 1–13. doi: 10.1080/08946566.2015.1029659
36. Anetzberger, G. (2004). *The Clinical Management of Elder Abuse*. New York, NY: Hawthorne Press.
37. American Medical Association white paper on elderly health. (1990). Report of the Council on Scientific Affairs. *Archives of Internal Medicine*, 150, 2459–2472. doi:10.1001/archinte.1990.00390230019004; Lachs, M.S., Williams, C.S., O'Brien, S., Pillemer, K.A., Charlson, M.E. (1998). The mortality of elder mistreatment. *Journal of the American Medical Association*, 280(5), 428–432. doi:10.1001/jama.280.5.428; Lindbloom, E.J., Brandt, J., Hough, L.D., Meadows, S.E. (2007). Elder mistreatment in the nursing home: a systematic review. *Journal of the American Medical Directors Association*, 8(9), 610–616. doi:10.1016/j.jamda.2007.09.001
38. Dong, X, Simon, M., Mendes de Leon, C., Fulmer, T., Beck, T., Hebert, L. (2009). Elder self-neglect and abuse and mortality risk in a community-dwelling population. *Journal of the American Medical Association*, 302(5), 517–526. doi: 10.1001/jama.2009.1109
39. Comijs, H.C., Penninx, B., Knipscheer, K.P.M., & Van Tilburg, W. (1999). [Psychological distress in victims of elder mistreatment: the effects of social support and coping \(PDF\)](#). *Journals of Gerontology* 54(3), 245.

Pillemer, K., & Prescott, D. (1989) [Psychological effects of elder abuse: a research note](#). *Journal of Elder Abuse and Neglect*, 1, 65–74; Dyer, C.B., Pavlik, V.N., Murphy, K.P., & Hyman, D.J. (2000). The high prevalence of depression and dementia in elder abuse or neglect. *Journal of the American Geriatrics Society*, 48(2), 205–208. doi: 10.1111/j.1532-5415.2000.tb03913.x; Begle, A.M., Strachan, M., Cisler, J.M., Amstadter, A.B., Hernandez, M., & Acierno, R. (2011). Elder mistreatment and emotional symptoms among older adults in a largely rural population: the South Carolina elder mistreatment study. *Journal of Interpersonal Violence*, 26(11), 2321–2332. doi: 10.1177/0886260510383037; Cisler, J.M., Begle, A.M., Amstadter, A.B., & Acierno, R. (2012). Mistreatment and self-reported emotional symptoms: results from the National Elder Mistreatment Study. *Journal of Elder Abuse and Neglect*, 24(3), 216–230. doi: 10.1080/08946566.2011.652923; Dong, X., Chen, R., Chang, E.S., & Simon, M. (2013). Elder abuse and psychological well-being: a systematic review and implications for research and policy—a mini review. *Gerontology*, 59(2), 132–142. doi: 10.1159/000341652

40. Fulmer, T., Rodgers, R. F., & Pelger, A. (2013). Verbal mistreatment of the elderly. *Journal of Elder Abuse & Neglect*, 26(4), 351–364; Mouton, C. P., Rodabough, R. J., Rovi, S. L. D., Robert, G., Brzyski, R. J., & Katerndahl, D. A. (2010). Psychosocial effects of physical and mental abuse in post-menopausal women. *Annals of Family Medicine*, 8, 206–213. doi: 10.1370/afm.1095

41. Gunther, J. (2011). [The 2011 Utah Economic Cost of Elder Financial Exploitation](#).

42. MetLife Mature Market Institute, The National Committee for the Prevention of Elder Abuse, The Center for Gerontology at Virginia Polytechnic Institute and State University. [Broken Trust: Elders, Family & Finances \(PDF\)](#).

43. Dong, X. Q., & Simon, M. A. (2013). Elder abuse as a risk factor for hospitalization in older persons. *JAMA Internal Medicine*, 173 (10), 911–917. doi: 10.1001/jamainternmed.2013.238

44. Lachs, M.S., Williams, C.S., O'Brien, S., Hurst, L., Kossack, A., Siegel, A., & Tinetti, M.E. (1997). ED use by older victims of family violence. *Annals of Emergency Medicine*, 30(4), 448–454 doi: [http://dx.doi.org/10.1016/S0196-0644\(97\)70003-9](http://dx.doi.org/10.1016/S0196-0644(97)70003-9); Baker, M.W., LaCroix, A.Z., Wu, C.Y., Cochrane, B.B., Wallace, R., & Woods, N.F. (2009). Mortality risk associated with physical and verbal abuse in women aged 50 to 79. *Journal of the American Geriatrics Society*, 57(10), 1799–1809. doi: 10.1111/j.1532-5415.2009.02429.x

45. Dong, X.Q. (2005). Medical implications of elder abuse and neglect. *Clinics in Geriatric Medicine*, 21(2), 293–313. doi: <http://dx.doi.org/10.1016/j.cger.2004.10.006>; Mouton, C.P., Rodabough, R.J., Rovi, S.L.D. (2004). [Prevalence and 3-year incidence of abuse among postmenopausal women](#). *American Journal of Public Health*, 94(4), 605–612.

46. Office of Inspector General, Department of Health and Human Services. (2014). [Adverse Events in Skilled Nursing Facilities \(PDF\)](#).

Office of Inspector General, Department of Health and Human Services. (2014). [Medicaid Fraud Control Units Fiscal Year 2013 Annual Report](#).

47. MetLife Mature Market Institute. (2011). [The MetLife Study of Caregiving: Costs to Work Caregivers: Double Jeopardy for Baby Boomers Caring For Their Parents \(PDF\)](#).

48. Mariam, L.M., McClure, R., Robinson, J.B., Yang, J.A. (2015). Eliciting change in at-risk elders (ECARE): evaluation of an elder abuse intervention program. *Journal of Elder Abuse and Neglect*, 27(1), 19–33. doi: 10.1080/08946566.2013.867241

49. Hayslip, B, Reinberg, J, & William, J. (2015). The impact of elder abuse education on young adults. *Journal of Elder Abuse & Neglect*, 27(3). doi: 10.1080/08946566.2014.1003264

50. Administration for Community Living. [Final Voluntary Consensus Guidelines for States APS Systems](#).

OUR MISSION

All people, regardless of age or disability, should be able to live independently and participate fully in their communities, and have the right to make choices and control the decisions in an about their lives.

[Learn more about community living](#)

SITE SUPPORT

[Contact Us](#)

[Privacy Notice](#)

[Accessibility](#)

[Viewers & Players](#)

[Disclaimers](#)

RESOURCES

[FOIA](#)

[Plain Writing](#)

[No Fear Act](#)

PARTNER SITES

[ACL.gov](#)

[HHS.gov](#)

[USA.gov](#)

[Grants.gov](#)

[Whitehouse.gov](#)

U.S. Department of Health and Human Services,
Administration for Community Living
*Advancing independence, integration, and inclusion throughout
life*

Safe Exit